FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000034565**1. Corporation Name

CSB SERVICES, INC.

FILED

Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90013 003 ***158.75



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Principal Place of Business Mailing Address									FE:!! BE!!! 88!!! 88!	: -: -: -: -: -:		
9640 S.W. 10TH TERRACE 9640 S.W. 10TH TERRACE								•				
MIAMI FL 33174 MIAMI FL 33174								DO NOT WRITE IN THIS SPACE				
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	,						1	04/27/1995				
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<u> </u>								65-0589156		Not	Applicable	1 5
21 26										\$8.75 A	dditional	1
22 27								Certifcate of Status Des	ired 🕱	Fee Red	quired	
City & State City & State							6.	Election Campaign Fina	ncing	\$5.00	May Be	ļ
23 28								Trust Fund Contribution		Added to	Fees	1
Zip Country			Zip Country				8. This corporation owes the current year Intangible					
24	25 29			30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent					-
	9. Name and Address of Cu	rrent Register	ed Agent		04	Nama	10.	Name and Address of	New Registere	d Agent		┨
Lain/	N IOCE I	7,700			81	Name						
MIRO, JOSE L					82	Street Add	treet Address (P.O. Box Number is Not Acceptable)					1
9640 S.W. 10TH TERR					02	<u>.</u>		9.32	- H	83 TE EVZ (13)	F 1 2 1 2 1	1
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	to the provisions of Sections 607 egistered agent, or both, in the S						rporation ition's boa	submits this statement ard of directors. I hereby	accept the app	pointment as rec	gistered	
agent. I a	m familiar with, and accept the of	oligations of, Se	ection 607.0505, Flo	rida Stat	utes.	•						
SIGNATURE						t signature requir	irad udan sa	instating)	DATE			,
	Signature, typed or printed name of registere	AND DIRECT		13.	Agen	K signatora raduir		instating)		AND DIRECTO	RS IN 12	1 3
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.